

POLICY AND PROCEDURE MANUAL	BCCMHA	PAGE 1 OF 6
CATEGORY - RECIPIENT RIGHTS	CHAPTER 10	SUBJECT H
RESTRAINT AND SECLUSION	REVISED 09/10/2021 REVIEWED 07/07/2021	EFFECTIVE 12/08/1999

I. PURPOSE

This policy is designed to establish guidelines for staff interaction when a recipient is dangerous to themselves or others, engaging in substantial property damage, or requires restraint to complete a medical/surgical procedure. Furthermore, the policy will ensure that restraint is used only in an approved setting and only when other less restrictive measures have been considered and documented.

To ensure that physical interaction techniques are used only to help clients manage behaviors that place themselves or others at risk of harm.

To ensure that seclusion is used only in approved settings in accordance with state and federal regulations.

II. GOAL

To use the least restrictive level of interaction necessary to prevent a client from harming themselves or others, or engaging in substantial property damage.

III. APPLICATION

The following provisions shall apply to all service programs and staff of Barry County Community Mental Health Authority (BCCMHA) and network providers.

IV. POLICY

It is the policy of BCCMHA not to use physical management except for emergent situations in which the client is harming themselves or others and all other less restrictive interactions have been utilized.

BCCMHA does not allow the use of restraint or seclusion in any directly operated or contractual program, except as provided for by this policy.

BCCMHA prohibits the use of physical management except in situations when a client is presenting an imminent risk of serious harm to themselves or others and less restrictive interactions have not reduced or eliminated the risk of harm.

A recipient shall not be placed or kept in seclusion except in the circumstances and under the conditions set forth in this policy.

If restraint and seclusion is implemented, two individuals will be present.

A Licensed Private Psychiatric Hospital/Unit (LPH/U) or Child Caring Institution (CCI) may use restraint if it is specifically provided for under license and only in the specific circumstances and conditions set forth in this policy.

LPH/U, as well as CCIs must have written policies and procedures pertaining to recipient rights, which comply with the most stringent of Michigan Mental Health Code, MDHHS Administrative Rules, and CMS Regulations. BCCMHA and/or Southwest Michigan Behavioral Health (SWMBH) contractual providers of inpatient services will annually submit current restraint and seclusion policies and updated revisions as they occur to both BCCMHA and SWMBH-ORR for compliance review. The designated ORR for the SWMBH will review the restraint policies of contractual providers of inpatient services and forward documentation to all affiliate SWMBH Boards. If follow-up is required of the local CMHSP (Barry County CMHA-ORR), the SWMBH designated ORR for the SWMBH region will send documentation directing such follow-up. If necessary, (due to collaborative efforts failing), BCCMHA Rights Office will conduct an independent compliance review of applicable state and federal rules and regulations, to fulfill MDHHS contractual obligations.

Seclusion shall be used only in a hospital, center, or in a child care institution licensed under Act No. 116 of the Public Acts in 1973, being sections 722.11 to 722.128 of the Michigan Compiled Laws. A resident or an individual placed in a child care institution shall be kept in seclusion only in the circumstances and under the conditions set forth in the most stringent CMS and MHC/AR Standards of MCL 330.1742, R330.7243 of the MDHHS Administrative Rules and 42 CFR 482.13. Please note that CCIs must follow the federal regulations if Medicaid funds are being used to pay for services. If other monies are used for payment, the MHC/AR applies to the use of seclusion.

V. **DEFINITIONS**

Physical Interaction: The use of DHHS and/or CMH approved and trained techniques, to assist a client to regain self-control, to prevent injury or harm to themselves or others, or to prevent substantial property damage.

Physical Management: A technique used by staff as an emergency intervention to restrict movement of a recipient by direct physical contact in order to prevent the recipient from harming themselves or others. [MHC 7001(m)]

Restraint: Means the use of a physical device to restrict the individual’s movement. Restraint does not include the use of a device primarily intended to provide anatomical support. [MHC 700(i)]

Child Care Institution: An institution for child care licensed under Act 116 of Public Acts of 1973, being Sections 722.111 to 722.128 of the Michigan Compiled Laws.

Licensed Hospital: A psychiatric hospital licensed under Section 137 of Public Act 258 of 1975, as amended, being the Michigan Mental Health Code.

Resident: An individual who receives services in a facility, as defined in the Michigan Mental Health Code 330.1100c (14).

Restraint (LPH/U): As defined by 42 CFR 482.13, restraint means either a physical restraint or a drug treatment is being used as a restraint. A physical restraint is any manual method or physical or mechanical device, material, or equipment attached or adjacent to the recipient’s body that they cannot easily remove that restricts freedom of movement or normal access to one’s body. A drug used as a restraint is a medication used to control behavior or to restrict a recipient’s freedom of movement and is not a standard treatment for the recipient’s medical or psychiatric condition.

Restraint (CCI): As defined under CFR 483, restraint means a “personal restraint” (the application of physical force without the use of any device, for the purpose of restricting the free movement of a resident’s body), a “mechanical restraint” (any device attached or adjacent to the resident’s body that they cannot easily remove that restricts freedom of movement or normal access to their body), or “drug used as a restraint” (any drug that:

- 1) is administered to manage a resident’s behavior in a way that reduces the safety risk to the resident or others;
- 2) as the temporary effect of restricting the resident’s freedom of movement; or
- 3) is not a standard treatment for the resident’s medical or psychiatric condition.

Recipient: An individual receiving mental health services from the department, a community mental health services program, or a facility, or a provider that is under contract with the department or a community mental health services program.

Seclusion: The temporary placement of a recipient in a room alone, where egress is prevented by any means, as defined in the Michigan Mental Health Code 330.1700 (j).

Substantial Property Damage: That which is likely to cause physical injury to the client or others.

VI. STANDARDS

Staff (in directly operated programs and contract staff) where not permitted by law, shall not use seclusion or physical restraint on agency service recipients.

Staff who has been trained may perform physical interaction in the least restrictive level necessary to prevent a client from harming themselves or others, or engaging in substantial property damage.

Physical management shall not be included as a component in the behavior treatment plan.

BCCMHA prohibits the use of prone/supine restraint unless other techniques are medically contraindicated and documented in the record.

Physical interaction is to be administered in a pain-free, harmless manner, by designated and qualified personnel who are trained in the proper techniques of applying and monitoring the form of physical interaction such as; verbal prompting, guiding, assisting, supporting, avoiding, redirecting, deflecting, releasing or escorting.

The use of physical management is used only in emergency situations in which the client is attempting to harm themselves and/or others and all other less restrictive options have been used. If restraint and seclusion is implemented, two individuals will be present.

Contributing environmental factors that may promote maladaptive behaviors are to be identified and actions taken to minimize or remove those factors.

Procedures for the use of physical interaction are explained and discussed with each service recipient in a manner that can be comprehended by them.

There will be documentation reflecting the client has been consulted regarding alternatives they prefer prior to the use of physical interaction when possible.

Each instance of physical interaction requires full justification for its application and for its use. The results of each periodic examination shall be placed promptly in the client's file.

When appropriate, guardian and/or parents of minors will be notified immediately of the physical interaction.

If a client requires physical interaction repeatedly, the client's individual plan of service shall be reviewed and modified to facilitate the reduction of the use of physical interaction.

An Incident Report Form will be completed for any and all incidents of seclusion, restraint, or physical interaction.

VII PROCEDURES

Physical Interaction

Trained staff shall perform physical interaction under the following conditions:

1. Staff will use only BCCMHA approved physical interactions which are approved by the Behavior Treatment Review Committee.
2. Staff will use physical interactions in the least restrictive level necessary, subsequent to approval by the Behavior Treatment Review Committee and as an emergency response when the client represents danger to themselves or others, or is engaging in substantial property damage.

The implementing staff must document all uses of physical interaction in a progress note in the clinical file and data collection sheet accompanying the Behavior Management Plan as part of the plan of service.

An Incident Report Form will be completed for all incidents of physical interaction.

Physical Management

Trained staff shall perform physical management under the following conditions:

1. No physical management techniques may be used for more than three minutes at one time. Staff must release their hold and monitor the client's response. If the behavior (which warranted a physical management) reoccurs, then the technique may be repeated or recycled in the least restrictive level necessary for safety and assisting the client in regaining self-control.
2. Should it become apparent that law enforcement, safety, or other emergency services are needed to intervene; staff will call 9-1-1 to request assistance. Staff will continue to provide physical management in three-minute intervals as needed until law enforcement, safety or other emergency services arrive.

All agencies contracting with BCCMHA to provide services to Barry County residents, who are permitted to use restraint and/or seclusion by the Michigan Mental Health Code, must do so in compliance with all Federal and State laws, rules and guidelines. The contracting agency must submit their policy and procedures on restraint and seclusion to the BCCMHA's Rights Office. BCCMHA's Rights Office must be able to review the restraint and/or seclusion policies of contractual providers for compliance with all Federal and State laws, rules, and guidelines.

Prior to residential placement of children, BCCMHA must obtain a copy of the provider's recipient rights policies, including restraint and seclusion, to assure compliance with federal and state guidelines. As BCCMHA is not a child care institution or licensed hospital, there are no procedural steps. Each individual contractual child care institution or licensed hospital must have procedures, which comply with BCCMHA's policy as stated above.

VIII. REFERENCES

CARF
DHHS
MHC
CMS

QUALITY IMPROVEMENT

This policy/procedure will be evaluated by the Quality Improvement Committee on an annual basis to enhance and improve the quality.

At any time, employees can request in writing on the form provided, that this policy or items in this policy be reviewed by the Quality Improvement Committee. Employee's written requests can be given to any Quality Improvement Committee member.

When an area for improvement is indicated, the process for improvement as identified in the Quality Improvement Plan will be followed.

APPROVED BY:

Richard Thiemkey _____ Date
Executive Director

Holly Hess _____ Date
Holly Hess, BS, QIDP, QMHP
Recipient Rights Officer/Residential Specialist